

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09381538	FILING DATE		
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1								51			
2								52			
3								53			
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44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	/							TOTAL IND.			
TOTAL DEP.	/	↔	↔	↔	↔	↔		TOTAL DEP.		↔	
TOTAL CLAIMS	/	↔	↔	↔	↔	↔		TOTAL CLAIMS		↔	